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			The same of the sa	Mary La	Change	(Signature)
APPLICATION NO.		FILING DATE	TOTAL CLAIMS	actobe	4,2001	(Date)
09/360,678		07/26/20		EMINER AND GROUP	ART UNIT	DATE MAILED
First Named		07/26/99	020 DUO	NG, H	2835	07/27/01
. Applicant	CRONK,		35 USC 1	54(b) term ext.	- 0.5	
TILE OF PORTABLE COMPUTING DEVICE WITH LEATHER GRAIN TOP						
MENION .	ALLIEUTE CONT	OLING DEATER	WITH LEATHER	R GRAIN TOP		

640.00 ATTY'S DOCKET NO. CLASS-SUBCLASS BATCH NO. APPLN, TYPE SMALL ENTITY FEE DUE DATE DUE 2 D0968-00024 361-683.000 **J69** UTILITY YES \$620.00 10/29/01 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Use of PTO form(s) and Customer Number are recommended, but not required. 2. For printing on the patent front page, list (1) the names of up to 3 registered patent 1 Duane Morris & attorneys or agents OR, alternatively, (2) ☐ Change of correspondence address (or Change of Correspondence Address form the name of a single firm (having as a PTO/SB/122) attached. member a registered attorney or agent) 2 Heckscher LLP ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47) attached. and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. 4a. The following fees are enclosed (make check payable to Commissioner Inclusion of assignee data is only appropiate when an assignment has been previously submitted to of Patents and Trademarks): the PTO or is being submitted under separate cover. Completion of this form is NOT a substitue for X Issue Fee filing an assignment. Advance Order - # of Copies_ (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY & STATE OR COUNTRY) 4by Transferrence properticiency in these fees should be charged to: DEPOSIT ACCOUNT NUMBER_ 04-1679 Please check the appropriate assignee category indicated below (will not be printed on the patent) (ENCLOSE AN EXTRA COPY OF THIS FORM) individual [corporation or other private group entity KKIssue Fee government 🗆 ☐ Advance Order - # of Copies The COMMISSIONER OF PATENTS AND THE ADEMARKS IS requested to apply the Issue Fee to the application Identified above. (Acthorized Signature) (Date) NOTE; The Issue Fee will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the Patent and Trademark Office. Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending on the needs of the individual case. Any comments on the amount of time required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, D.C. 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND FEES AND THIS FORM TO: Box Issue Fee, Assistant Commissioner for Patents, Washington D.C. 20231 Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

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